EXAS DEPARTMENT OF HEALTH

POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

TX07048

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regions: Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Ageory; Site Tracking System; Hazardous Waste Enforcement Task Force (EM-15, 401 M St., SW, Washington, DC 20460.

	C-MUS BAR IDE	e. STREET (or other ice			7672
Miles Road Landfill Site-	05/50586 ,	Miles			W of Ca	stle Dr., NE sid
C. CITY		D. STATE			THE PARTY	TY HAME Of TOB
Garland		TX	750	140	Dal	las 1/3
1. NAME OWNER: Vaughn Mc(operator: City of Ga		ett, TX				14/475-2912 214/494-7100
H. TYPE OF OWNERSHIP						
1. FEDERAL Z. STATE	3 COUNTY A MUNIC	PAL XXXS	PRIVATE	6	UPKHOM.	
. SITE DESCRIPTION						
This site was used as the	city landfill from	Februar	y 1973	to Jun	e 1975.	No liquid or
hazardous waste accepted a		municipa	al solie	waste	was ac	
. HOW IDENTIFIED (I.e., citizen's compl	aints, OSHA citations, etc.)					K. DATE IDENTIFIED
North Central Texas COG						9/23/80
PRINCIPAL STATE CONTACT		-				7/ 23/ 00
IL NAME)				7	PHONE NUMBER
Jekus 11' klux	1/2				15/2/4	58-7271
	PRELIMINARY ASSESSME	NT (complete	this secti	on last)		
A APPARENT SERIOUSNESS OF PROBL	EM					
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b. HILL BE PERFORMED BY C. PREPARER INFORMATION 1. NAME Rex H. Hunt Rex H. Hunt	A, KG.	4. SITS 817.	EINSPECT	FORMED FORMED FORMED ION NEED NUMBER 32	SV.	2. DATE (mo., day, & 71, 02/24/81
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D. SITE INSPECTION NEEDED TENTATIVALY SCHEDULED F B. HILL BE PERFORMED BY C. PREPARER INFORMATION 1. MAME REX H. Hunt REX H. Hunt A. SITE STATUS municipal sites which are being used for mosts transment, storage, or disposal for exist transment storage, or disposal for ex	III. SITE IN EXAL INACTIVE (Those sties which no longer receive)	4. SITS 4. SITS 817. FORMATION Those sites of regular of	EINSPECT	T SCHED	SV.	2. DATE (mo., day, & Fr., 02/24/81
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nilicate the major site			ctivity by marking 'X' is	n the approx	priate boxes.	
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2 5-P	3 DRUM	And the second second second second	1 INCINERATION		2. LANDEA	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN COLUMN 2 ADDRESS O
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4 TRUCK		ABOVE CROUND	A RECYCLING/RECO		-	MPOUNDMENT
1 RIPEL NE	CHIPMENT STATE OF THE PARTY OF	BELOW GROUND	S. CHEM./PHYS. TRE	THE RESERVE OF THE PERSON NAMED IN	S MIDNIGH	
6 OTHER (specify)	- OTHE	A (specify)	6 BIOLOGICAL TREA	-	. INCINER	The second secon
			I MASTE OIL REPRO	-	7 UNDERG	MOUND INJECTION
			B. OTHER (apecily)	lav .	je otnski	specify)
IDECIEV DETAILS	OF SITE ACTIVITIES A	S MEEDED				
	osed of in this		cipal solid wast			
		V. WASTE RELA	TED INFORMATION			
A. WASTE TYPE						
]] I UNKNOWN [Z LIQUID XX	. SOLID4.	SLUDGES. G	AS		
B. WASTE CHARACTE	RISTICS					
I UNKNOWN	2 CORROSIVE	I IGNITABLE 34	RADIOACTIVE S H	HIGHLY VOL	ATILE	
			FLAMMABLE			
XX 10 OTHER (specif	municina	l solid waste				
XX 10. OTHER (specif	municipa	l solid waste	DESCRIPTION ASSESSMENT OF			
XX 10. OTHER (specific waste CATEGORIE) 1. Are records of wast	municipa s available? Specify it	l solid waste	inventories, etc. below.			
1. Are records of wast	S es available? Specify it	l solid waste	inventances, etc. below.			
Are records of wast	S es available? Specify it ilable	ems such as manufests.				
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C. WASTE CATEGORIE 1. Are records of wast no records ava 2. Estimate the amo a. SLUDGE MQUNT UNIT OF MEASURE (*	Ser available? Specify it ilable unt(specify unit of me b. OIL AMOUNT UNIT OF MEASURE X** IT OIL MASTES	ems such as manifests, asure) of waste by ca c. SQLVENTS AMOUNT UNIT OF MEASURE 'X' 11) MALOGENATE: SQLVENTS 121 NON-HALOGEN TOLVENTS	d. CHEMICALS AMOUNT UNIT OF MEASURE 'X' (1) ACIDS 0. 121 PICKLING LIQUORS	e. SC AMOUNT 67000 UNIT OF A EORS 'X'	OLIDS MEASURE ASH ESTOS	I. OTHER AMOUNT UNIT OF MEASURE "X" II LABORAFORY PHARMACEUT
C. WASTE CATEGORIE 1. Are records of wast no records ava 2. Estimate the amo a. SLUDGE MOUNT JUNIT OF MEASURE C. 11 PAINT PIGMENTS 12 METALS 13 ROTW	Ser available? Specify it ilable unt(specify unit of me b. OIL AMOUNT UNIT OF MEASURE X** IT OIL MASTES	ems such as manifests, asure) of waste by ca c. SQLVENTS AMOUNT UNIT OF MEASURE 'X' 11) MALOGENATE: SQLVENTS 121 NON-HALOGEN TOLVENTS	d. CHEMICALS AMOUNT UNIT OF MEASURE (1) ACIDS (2) PICKLING LIQUORS	2. SE AMOUNT 67000 UNIT OF A LOTS 'X' 121 ASB 131 MIL 141 SML 151 NOL	ASH ESTOS LING/ E TAILINGS ROUS TG. MASTES TG. MASTES	I. OTHER AMOUNT UNIT OF MEASURE (X) (1) LABORAFORY (2) HOSPITAL (2) RADIOACTIVE
C. WASTE CATEGORIE 1. Are records of wast no records ava 2. Estimate the amo 8. SLUDGE MOUNT JNIT OF MEASURE (**) **INPAINT.** **PIGMENTS 12. METALS **SLUDGES 13. POTW 4. ALUMINUM 8. LUDGE	Ser available? Specify it ilable unt(specify unit of me b. OIL AMOUNT UNIT OF MEASURE X** IT OIL MASTES	ems such as manifests, asure) of waste by ca c. SQLVENTS AMOUNT UNIT OF MEASURE 'X' 11) MALOGENATE: SQLVENTS 121 NON-HALOGEN TOLVENTS	EEGOTY: MARK 'X' TO INDICE d. CHEMICALS AMOUNT UNIT OF MEASURE (X) IN ACIDS 121 PICKLING LIQUORS (3) CAUSTICS	e. SCA	ASH ESTOS ING/ TAILINGS FOR MASTES FOR MASTES ER(specify) pal solid	I. OTHER AMOUNT UNIT OF MEASURE (X) (1) PHARMACEUT (2) HOSPITAL (2) RADIOACTIVE (4) MUNICIPAL (5) GTHER/APROM
C. WASTE CATEGORIE 1. Are records of wast no records ava 2. Estimate the amo 8. SLUDGE MOUNT JNIT OF MEASURE (**) **INPAINT.** **PIGMENTS 12. METALS **SLUDGES 13. POTW 4. ALUMINUM 8. LUDGE	Ser available? Specify it ilable unt(specify unit of me b. OIL AMOUNT UNIT OF MEASURE X** IT OIL MASTES	ems such as manifests, asure) of waste by ca c. SQLVENTS AMOUNT UNIT OF MEASURE 'X' 11) MALOGENATE: SQLVENTS 121 NON-HALOGEN TOLVENTS	egory: mark 'X' to indic d. CHEMICALS AMOUNT UNIT OF MEASURE 'X' (1) ACIDS 0. (2) PICKLING LIQUORS // (3) CAUSTICS // (4) PESTICIDES	(2) AMOUNT OF N LONG (2) AMOUN	ASH ESTOS ING/ E TAILINGS ROUS TG. MASTES TG. MASTES TG. MASTES TAILINGS	IS OTHER
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C. WASTE CATEGORIE 1. Are records of wast no records ava 2. Estimate the amo 8. SLUDGE MOUNT JNIT OF MEASURE (**) **INPAINT.** **PIGMENTS 12. METALS **SLUDGES 13. POTW 4. ALUMINUM 8. LUDGE	Ser available? Specify it ilable unt(specify unit of me b. OIL AMOUNT UNIT OF MEASURE X** IT OIL MASTES	ems such as manifests, asure) of waste by ca c. SQLVENTS AMOUNT UNIT OF MEASURE 'X' 11) MALOGENATE: SQLVENTS 121 NON-HALOGEN TOLVENTS	egory: mark 'X' to indic d. CHEMICALS AMOUNT UNIT OF MEASURE 'X' (1) ACIDS 0. (2) PICKLING LIQUORS (3) CAUSTICS (4) PESTICIDES (5) DYES/INKS (6) CYANIDE	AMOUNT 67000 UNIT OF A TONS (21 A18) (21	ASH ESTOS ING/ E TAILINGS MOUASTES EM(Specify) Dal solid Amount ted based average tion of served, der of	IS OTHER
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		VI. HAZ	ARD DESCRIPTION	
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (merk 'X')	O. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
NO HAZARD	XXXX			
. HUMAN HEALTH				
NON-WORKER				
- WORKER INJURY	,			
OF WATER BUPPLY				
CONTAMINATION OF FOOD CHAIN				
OF GROUND WATER				
OF SURFACE WATER				
PLORA/FAUNA				
10. FISH KIL.				
11. CONTAMINATION				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
IS. FIRE OR EXPLOSION				
4. SPILLS/LEAKING CONTAINERS/				
17. SENER, STORM				
18. EPOSION PROBLEMS				
19. HADEQUATE SECURITY				•
20. INCOMPATIBLE WASTES				
II. MIDNIGHT DUMPING				
2 1. GTHER (specify):				x*,

E24 E-- T1070 1 (10 70)

BACE SOE A

		VII. PERMIT INFORMAT	ION
INDICATE ALL APPL	CABLE PERMITS HELD	BY THE SITE.	
	_	NONE	
I HPOES PERMIT		The second secon	*):
A AIR PERMITS	S. LOCAL PERMI	T 6 PCRA TRANSPORTER	
7 RCRA STORER	B ACRA TREATE	R T 9 RCRA DISPOSER	
10. OTHER (apecity	×		
IN COMPLIANCE!		_	
XX 1. YES	2 NO	3 UNKNOWN	
A WITH RESPECT	TO Iliar regulation name	& number)	
		VIII. PAST REGULATORY AC	CTIONS
XX A. HONE	3. YES (summare	ze below)	
	1X.	INSPECTION ACTIVITY (pest	or on-going)
XX Y HONE		ilema 1,2,3, & 4 below)	
	2 DATE		
I TYPE OF ACT	V'TY PAST AC	TION BY:	4. DESCRIPTION
1 TYPE OF ACT	Y'TY PAST AC (mo., day.	A ye.) (EPA/State)	4. DESCRIPTION
1 TYPE OF ACT	Y'TY PAST AC (mo., day.	TION BY: (EPA/State)	4. DESCRIPTION
1 TYPE OF ACT	Y'TY PAST AC (mo., day.	TION BY: (EPA/Stete)	4. DESCRIPTION
1 TYPE OF ACT	V'TY PAST AC (mo., day.	TION (EPA/Siere)	4. DESCRIPTION
1 TYPE OF ACT	VIV PASTAC	T.ON (EPA/3(ete)	4. DESCRIPTION
1 TYPE OF ACT	VITY PART AC (mo., day.	TION (EPA/State)	4. DESCRIPTION
I TYPE OF ACT	(mo., day.	X. REMEDIAL ACTIVITY (pass	
	(mo., day,	X. REMEDIAL ACTIVITY (past	
O A. HONE	B. YES (complete	X. REMEDIAL ACTIVITY (pass trans 1, 2, 3, & 4 below) E.OF 3. PERFORMED	or on-going)
	B. YES (complete	X. REMEDIAL ACTIVITY (past trems 1, 2, 3, & 4 below) E OF 3. PERFORMED	
O A. HONE	B. YES (complete 2. DAT	X. REMEDIAL ACTIVITY (pass trans 1, 2, 3, & 4 below) E.OF 3. PERFORMED	or on-going)
O A. HONE	B. YES (complete 2. DAT	X. REMEDIAL ACTIVITY (pass trans 1, 2, 3, & 4 below) E.OF 3. PERFORMED	or on-going)
O A. HONE	B. YES (complete 2. DAT	X. REMEDIAL ACTIVITY (pass trans 1, 2, 3, & 4 below) E.OF 3. PERFORMED	or on-going)
C A. HONE	B. YES (complete 2. DAT	X. REMEDIAL ACTIVITY (pass trans 1, 2, 3, & 4 below) E.OF 3. PERFORMED	or on-going)
C A. HONE	B. YES (complete 2. DAT	X. REMEDIAL ACTIVITY (pass trans 1, 2, 3, & 4 below) E.OF 3. PERFORMED	or on-going)
C A. HONE	B. YES (complete 2. DAT	X. REMEDIAL ACTIVITY (pass trans 1, 2, 3, & 4 below) E.OF 3. PERFORMED	or on-going)
I. TYPE OF ACT	B. YES (complete 2.DAT' YITY PAST A (mo., day	X. REMEDIAL ACTIVITY (pass items 1, 2, 3, 4 d below) E OF 3. PERFORMED TION SY (EPA/State)	or on-going) 4. DESCRIPTION
I. TYPE OF ACTI	B. YES (complete 2.DAT' YITY PAST A (mo., day	X. REMEDIAL ACTIVITY (pass frome 1, 2, 3, & 4 below) E.O.F. 3. PERFORMED SYLVEN (EPA/State) tions III through X, fill out t	or on-going)

